



**Customer Identity Form — Corporate**

PLEASE PRINT YOUR RESPONSES

YYYY/MM/DD

Date:

- New
- Existing

TYPE OF ORGANISATION

PLEASE TICK THE APPROPRIATE FIELDS.

- Corporation       Credit Union       Financial Institution       Sole Proprietorship or Partnership
- Unincorporated Business       Other, please state
- Publicly Listed       Regulated Entity       Neither

CORPORATE INFORMATION

Name of Customer:	
Registered Address:	
Business/Mailing Address (if different):	
Telephone No:	Fax No:
Date of Incorporation:      YYYY/MM/DD	Country of Incorporation:
Licensor and Address (if applicable):	
Licensed Activities:	

PLEASE INDICATE ALL REQUIRED DOCUMENTS PROVIDED:

- Certificate and Articles of Association/ Incorporation/Continuance      Yes       No       N/A
- Partnership Agreement      Yes       No       N/A
- By-Laws      Yes       No       N/A
- Resolution authorizing relationship      Yes       No       N/A
- Power of Attorney or other Authorities      Yes       No       N/A
- Annual Report/return      Yes       No       N/A
- Audited Financial Statements      Yes       No       N/A
- Governmental or other Licence      Yes       No       N/A
- Shareholder Register      Yes       No       N/A
- Other      Yes

Please give details for 'Other':





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CORPORATE STRUCTURE

Nature of Business:
Products and Services Offered:
Location of Branches/Agencies (if applicable):

If applicable, please provide the name and address of the parent company as well as the same for subsidiaries and affiliates. If the Company is part of a group, kindly attach an organizational chart describing the structure.

Parent Company:	
Business/Mailing Address:	
Name of Subsidiary(ies):	% Owned by Parent:
Address of Subsidiary(ies):	
Name of Affiliate(s):	% Owned by Parent:
Address of Affiliate(s):	

If the requested information exceeds the fields provided, kindly attach a separate sheet.

BUSINESS ACTIVITIES

Is the Parent Company, any subsidiary or affiliate engaged in the following activities?

- |   |     |                       |    |                       |
|---|-----|-----------------------|----|-----------------------|
| Professional Service Provider                             | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Internet Gambling or Casino Operations                    | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Real Estate   | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Motor Vehicle Sales                                       | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Courier Services  | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Gaming House  | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Jewellers   | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Pool Betting  | Yes | <input type="radio"/> | No | <input type="radio"/> |
| National Lottery/On-line Betting Games                    | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Charitable Organizations                                  | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Cash Intensive Businesses                                 | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Money Service Business (e.g. foreign exchange house, etc) | Yes | <input type="radio"/> | No | <input type="radio"/> |



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CORPORATE DIRECTORS, OFFICERS AND AUTHORIZED SIGNATORIES' INFORMATION

Please complete the below fields for all directors, officers, proxies, senior management and authorized signatories. Two pieces of valid government issued photographic identification and/or social security documents must be presented in respect of each director, officer, proxy, senior manager and authorized signatory named on this form. The residential address of each person must be confirmed by a recent original utility bill, bank statement, civil register or other governmental correspondence.

Name & Residential Address	Date of Birth & Country of Citizenship	Business Relationship (e.g. director, etc) & Occupation	Authorized Signatory (Yes/No)

Please note if the requested information exceeds the fields provided, kindly attach a separate sheet



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SHAREHOLDER AND BENEFICIAL OWNER INFORMATION

For **private companies** only, information must be provided for each shareholder owning or controlling 10% or more of shares of the company as well as all beneficial owners. Beneficial ownership refers to a person on whose behalf an account is opened, a business relationship is established or a transaction concluded.

Two pieces of valid government issued photographic identification and/or social security documents must be presented in respect of each director, officer, senior manager and authorized signatory named on this form. The residential address of each person must be confirmed by a recent original utility bill, bank statement or correspondence from a government agency.

Name & Residential Address	Date of Birth & Country of Citizenship	Business Relationship) & Occupation	Authorized Signatory (Yes/No)

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**MISCELLANEOUS INFORMATION**

Is any director, shareholder, senior manager, officer, account signatory or beneficial owner, a current or former (if former, please provide period during which position was held) Head of Government, Head of State, Member of Parliament or other senior political party official, senior military personnel, member of the Judiciary, senior executive of a state owned corporation or family member or close associate of such a person?

Yes  No

If Yes, please provide details below:

**FINANCIAL INFORMATION**

Average Payment to the policy/account:	\$ _____	Yearly <input type="radio"/>	
		Half-yearly <input type="radio"/>	<input type="radio"/>
		Quarterly <input type="radio"/>	<input type="radio"/>
		Monthly <input type="radio"/>	<input type="radio"/>

State the source of funds expected to be paid to the policy/account. \_\_\_\_\_

What is the purpose of the business relationship?	Insurance <input type="radio"/>		
	Pension <input type="radio"/>	<input type="radio"/>	
	Mortgage <input type="radio"/>	<input type="radio"/>	
	Other <input type="radio"/>	<input type="radio"/>	

**SIGNATURES**

KINDLY HAVE THE CORPORATE SECRETARY, AND A DIRECTOR OR ANY OTHER AUTHORIZED SIGNATORY SIGN BELOW TO CERTIFY THE VALIDITY OF THE FOREGOING.

YYYY/MM/DD	PLEASE PRINT	
DATE: _____	DIRECTOR: _____	SIGNATURE: _____
DATE: _____	DIRECTOR: _____	SIGNATURE: _____
DATE: _____	DIRECTOR: _____	SIGNATURE: _____



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N.B.

- Temporary or in-care of addresses are not acceptable.
- All copied documents must be certified by a reputable bank, consular officials of country of individual, national or local government officials, a supervisory level employee or sales representative of Sagicor, a reputable qualified lawyer or a notary public.
- Bank or credit card account statements or utility bills submitted in confirmation of address must not be more than three months old.
- All questions on this form should be answered with full information.
- In respect of trust and fiduciary customers identification will be required from the settlor and beneficial owner(s) as well as information on the general nature of the trust and the source of funds.